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Bib Data Sheet

CONFIRMATION NO. 6800

<b>SERIAL NUMBER</b> 09/967,274	<b>FILING DATE</b> 09/27/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 12873/04169	
<b>APPLICANTS</b> Joseph B. Richey II, Chagrin Falls, OH; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/236,123 09/28/2000 ✓ <i>lpr</i> <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/29/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 24024					
<b>TITLE</b> Carbon dioxide-based Bi-level CPAP Control					
<b>FILING FEE RECEIVED</b> 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		